

87

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3		1					53	
4		1					54	
5		1					55	
6		1					56	
7		1					57	
8		1					58	
9		1					59	
10		1					60	
11		1					61	
12		1					62	
13		1					63	
14		1					64	
15		1					65	
16		1					66	
17		1					67	
18		1					68	
19		1					69	
20		1					70	
21	1						71	
22		1					72	
23		1					73	
24		1					74	
25	1						75	
26		1					76	
27		1					77	
28		1					78	
29		1					79	
30	1						80	
31		1					81	
32		1					82	
33	1						83	
34		1					84	
35		1					85	
36	1	31					86	
37	1						87	
38		1					88	
39	1	21					89	
40	1						90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2						TOTAL IND.	
TOTAL DEP.	33						TOTAL DEP.	
TOTAL CLAIMS	41						TOTAL CLAIMS	